

Committee Name and Date of Committee Meeting

Cabinet – 9 February 2026

Report Title

Local Authority Better Care Fund 2025/26 - Discharge Grant Commitments

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Executive Director Approving Submission of the Report

Ian Spicer, Executive Director, Adult Care, Housing and Public Health

Report Author(s)

Scott Matthewman, Service Director, Strategic Commissioning, Adult Care, Housing and Public Health

Ward(s) Affected

Borough-Wide

Report Summary

In January 2023, Central Government announced additional funding through a new £200m Discharge Grant for Local Authorities. The fund was intended to increase capacity in post discharge care and support and improve discharge performance, patient safety, experience and outcomes.

From 2025/26, the grant has been included in the Local Authority Better Care Fund at the same level as the 2024/25 allocation which is £3,383,583 for Rotherham. However, in effect the fund that was the Discharge Grant no longer exists. The ringfence for the grant has been removed but national conditions and use of the funding still need to be reported through the Better Care Fund governance into the Department of Health and Social Care (DHSC) and NHS England. This is executed through the Health and Wellbeing Board, Better Care Fund Partnership Agreement and Section 75. Section 75 of the NHS Act 2006 enables NHS bodies and local authorities to establish formal partnerships to pool budgets and resources, enabling joint commissioning and integrated health and social care services.

This report identifies a number of adult social care commitments that should continue to be delivered on a permanent basis due to the removal of the grant ringfence.

Recommendations

That Cabinet:

1. Approve the permanent funding of the schemes that were previously part of the Discharge Grant commitments for 2026/27 and recurrently from 2027/28.
2. Note the cost of extending the schemes will be £838k in 2026/27, reducing to £624k on a recurrent basis from 2027/28. Funding has been made available as part of the Council budget and provision has been made in the medium-term financial strategy.

List of Appendices Included

Appendix 1 Part A – Initial Equality Screening Assessment

Appendix 2 Part B – Equality Analysis Form

Appendix 3 Carbon Impact Assessment

Background Papers

[BCF Call Off Partnership Work Order 2025-26.pdf](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Local Authority Better Care Fund 2025/26 - Discharge Grant Commitments

1. Background

- 1.1 In January 2023, Central Government announced additional funding through a new £200m Discharge Grant for Local Authorities. The fund was intended to increase capacity in post discharge care and support and improve discharge performance, patient safety, experience and outcomes.
- 1.2 The terms of the Discharge Grant stated that funding should only be used on permitted activities that reduce pressure in hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required.
- 1.3 From 2025/26, the grant has been included in the Local Authority Better Care Fund at the same level as the 2024/25 allocation which is £3,383,583 for Rotherham. However, in effect the fund that was the Discharge Grant no longer exists. The ringfence for the grant has been removed but national conditions and use of the funding, spend and outcomes, still need to be reported through Better Care Fund governance into the Department of Health and Social Care (DHSC) and NHS England. This is executed through the Health and Wellbeing Board, Better Care Fund Partnership Agreement and Section 75.
- 1.4 Over the last two financial years 2023/24 and 2024/25, the Discharge Grant has been used to support several commitments to enable service delivery and address demand pressures within Adult Social Care. The grant was also used to support wider activity being carried out by the Council's Adult Social Care services, in keeping with the grant conditions.
- 1.5 The removal of the ringfence around what was the Discharge Grant allows potentially greater latitude as to how the money can be spent so long as it complies with certain conditions associated with the Better Care Fund. This report identifies a number of adult social care commitments that were funded by the Discharge Grant and have proved effective. It is therefore recommended that they should continue to be delivered on a permanent basis following the removal of the grant ringfence.

2. Key Issues

- 2.1 The Discharge Grant has enabled the Council to explore new ways of working and deliver various schemes across adult social care. A number of these schemes need permanent funding following the removal of the grant ringfence.
- 2.2 There are eight schemes which require permanent funding, all of which consist of staffing for essential positions and functions across Adult Social Care. In summary, this comprises of two schemes designed to pilot new ways of working that would now lead to increased costs if the schemes were ended and six schemes where day to day demand on Adult Social Care has

grown and these positions have become critical to the effective delivery of the service.

2.3 These are set out in headline terms below:

Scheme/Service	Description	Cost £
S117 Mental Health	S117 mental health reviews - Section 117 aftercare is the legal duty that is placed on health and social services to provide after care services for individuals who have been detained under the Mental Health Act. A joint programme of work has been initiated with NHS colleagues to review people that are eligible for s117 aftercare. This will ensure people are receiving appropriate services and funding is agreed. The review will conclude in 2026/27.	134,500*
Provider Services	Programme management of provider services re-design - Provider services are going through a period of significant transformation. This role oversees and co-ordinates all activities including enablement and Rothercare redesigns and implementation of an Electronic Social Care Record solution. The role is required for 2026/27.	80,000*
Integrated Discharge Team (IDT)	Additional front door social care capacity at Rotherham hospital - IDT continue to see a sustained increase in referrals and complexity of people requiring support from adult social care. There is also an increased emphasis on admission avoidance. Without this capacity, the service will be at risk of people requiring more longer-term complex support which does not maximise their independence as discharges from hospital could be delayed. This could create significant risks to both the people awaiting discharge from hospital and on the health and care system across Rotherham. There has been a 7.7% increase in demand within IDT since March 2024.	131,768
Enablement Service	Permanent funding for the Deputy Manager - The service is a Care Quality Commission (CQC) regulated provision with a Registered Manager. There is a requirement to have a manager in the service at all times. This post has been	50,000

	funded through the Discharge Grant for several years.	
Continuing Healthcare (CHC)	CHC Assessors and Co-ordinators -The posts are responsible for ensuring the adult social care workforce are appropriately skilled to complete CHC assessments and gain joint funding or full funding for people with a primary health care need. The posts are essential to ensuring person centred care and support plans are in place across health and social care.	100,000
Mental Health	Mental Health Social Work Discharge Co-ordinators - The posts provide social work interventions as part of mental health discharge activity. If the current funding ceases the timely discharge of people into the community could be at risk as the co-ordination of the discharges is multifaceted and often requires housing, providers and services to work together to be effective.	131,768
Quality and Contract Compliance	Quality and contract compliance officers - There has been an increase in the number, frequency and complexity of providers requiring oversight, support and intervention. There is a risk that the Council fails to meet its statutory duties under the Care Act 2014, including poor oversight and management of the care market and an increase in quality and safeguarding concerns, leading to poor experiences and outcomes for residents.	110,000
Adult Contact Team (ACT)	Adult social care front door prevention capacity - Supporting independence is the foundation to deflecting the need for long term care and support. Prevent, reduce and delay is an efficiency programme for adult social care and is central to appropriately lowering spend on statutory care services. 80% of people the team work with do not go on to receive statutory support.	100,000

** 2026/27 requirement only.*

- 2.4 The schemes set out in section 2.3 require a funding commitment of £838k in 2026/27 and then £624k in 2027/28 on a recurrent basis, provisions for which have been made available in the Council's budget and medium-term financial strategy.

3. Options considered and recommended proposal

3.1 There are two possible options as set out below:

1. **Do nothing** – if no additional funding is agreed the schemes listed in this report will cease at the end of the year. This would have a significant impact on service design and delivery, impacting both adult social care staff and residents accessing services.
2. **Fund the schemes permanently** – continue to fund the schemes at a cost of £838k in 2026/27 and £624k on a permanent basis from 2027/28 – **Recommended.**

4. Consultation on proposal

4.1 The Better Care Fund Executive Group has been consulted on the proposals.

5. Timetable and Accountability for Implementing this Decision

5.1 Subject to Cabinet approval, the decision will be enacted from the 1 April 2026. The Executive Director of Adult Care, Housing and Public Health will be accountable for the decision.

6. Financial and Procurement Advice and Implications

6.1 The cost of extending the schemes will be £838k in 2026/27, reducing to £624k on a permanent basis from 2027/28. Funding has been made available as part of the Council budget and provision has been made in the medium-term financial strategy.

6.2 There are no direct procurement implications arising from the recommendations detailed in this report.

7. Legal Advice and Implications

7.1 Part 1 of the Care Act 2014 places a statutory duty on local authorities to promote individual well-being and to develop and maintain strategies and services to prevent the need for care and support arising in the future. Additionally, the Care Act requires the local authority to work cooperatively with local health services to meet the needs of the local population. The proposed plans set out in the report form part of a larger preventative strategy which is being developed by the Council to serve the needs of the community.

8. Human Resources Advice and Implications

8.1 There are no negative Human Resource implications identified as a product of the report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 There are no direct implications for children and young people as a product of the report. The schemes relate to the care and support needs of adults, including vulnerable adults.

10. Equalities and Human Rights Advice and Implications

- 10.1 An Equality Analysis has been conducted in line with the Council's procedures. There are no further Equalities and Human Rights implications identified outside of the Equality Analysis.
- 10.2 An Initial Equality Screening Assessment and an Equality Analysis have been completed and are attached at Appendix 1 and 2.

11. Implications for CO2 Emissions and Climate Change

- 11.1 There are no anticipated implications for CO2 Emissions and Climate Change as detailed in the Carbon Impact Assessment at Appendix 3.

12. Implications for Partners

- 12.1 The Local Authority Better Care Fund is part of Better Care Fund for Rotherham and includes funding from the South Yorkshire Integrated Care Board.
- 12.2 The schemes have been discussed with the Better Care Fund Executive Group and are part of the Better Care Fund plan and delivery arrangements reported to DHSC and NHS England.

13. Risks and Mitigation

- 13.1 If Cabinet does not approve the funding for the schemes, plans will be enacted to conclude the schemes and risks will have to be managed at a service level. Risks include people not being discharged from hospital at an appropriate time, quality concerns in the independent care market and people not having timely access to care and support.

14. Accountable Officers

Ian Spicer, Executive Director, Adult Care, Housing and Public Health.

Approvals obtained on behalf of Statutory Officers:

	Named Officer	Date
Chief Executive	John Edwards	21/01/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	20/01/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	19/01/26

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